

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Deaconess Hospital)

Registration District No. 791
Primary Registration District No. 1038

File No. 24869
Registered No. 6281
St. 7 Ward

2. FULL NAME Etta Donahoe

(a) Residence, No. 4241 Bates St. 19 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7th. 1875

7. AGE YEARS 57 MONTHS 8 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Thomas Haley St. Louis

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Johanna Hannigan

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Helen Donahoe (ADDRESS) 4241 Bates St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 21st. 1933

19. UNDERTAKER Wm. Schumacher (ADDRESS) 3013 Meramec St.

20. FILED Jul 19 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18th. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29 1933 to July 18 1933
I last saw her alive on July 18 1933 Death is said to have occurred on the date stated above, at 2:20 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic intestinal nephritis
arteriosclerosis
Chronic Myocarditis
Date of onset: 1-1-32?
1-1-31?

Other contributory causes of importance: 131
Name of operation none Date of.....
What test confirmed diagnosis? Pathology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Dr. J. H. Mason M. D.
(Address) 3465 N. Grand Ave.

2435 11.82

7/14/39

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